

February 1998

Clinical Center News

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NIMH brings brain disorder clinical program to the CC

The Clinical Brain Disorder research program of the NIMH, previously carried out at the William A. White Neuroscience Center on the grounds of St. Elizabeth's Hospital in Washington, D.C., has moved to the Clinical Center.

The 4 West patient-care unit now headquarters this research program on schizophrenia and other serious mental illnesses.

"The Intramural Research Program Planning Committee last year recommended relocating the Center to the Bethesda campus in order to preserve the best elements of this remarkable program," said Dr. Susan Swedo, acting scientific director, NIMH. "The NIH campus provides the services identified by the committee, which include access to imaging facilities, collaboration and training opportunities, and enhanced patient access. Cost savings were also a consideration."

Under the first phase of the relocation, the CC nursing staff designed orientation activities for patients and staff. "This relocation was a major integration that required major planning," said Jacques Bolle, chief of the mental health, alcohol, and aging nursing services, CC nursing department. "The CC nursing staff was very involved early on by planning visits from St. Elizabeth's patients and staff to

See **NIMH**, page seven



"We really want input to make this as functional as possible," said CC Director John Gallin at a patient orientation meeting late last month. CC patients are involved in the design of the patient-care units for the new facility. Dr. Gallin is shown discussing suggestions with several patients.

Patients help design CRC

"There are many things from the eyes of a patient that we need to know," said CC Director John Gallin, during an orientation meeting for patients held late last month.

Several CC patients, past and present, were invited guests at the meeting, held to elicit input on the design of the new Mark O. Hatfield Clinical Research Center.

During the meeting, Dr. Gallin described some of the major accomplishments that have taken place at the NIH, including the development of the first treatment for cancer and AIDS. But, Dr. Gallin

pointed out, more importantly, the CC has been a facility committed to the patients.

"We consider the patients truly partners in what we do," he said. "Without the patients, this place wouldn't exist."

According to Dr. Gallin, several factors necessitated the creation of a new facility, including the 1940s design of the ventilation and water systems in the current building, which are nearing the end of their lifespan.

"We said to the architects who
See **design**, page two

CC council to examine issues of working life

The CC Quality of Worklife Initiative (QWI) Council, designed to explore issues affecting employee work life and propose options for improvements, met for the first time on January 30. The Council is an important component of the CC Quality of Worklife Program.

"We plan to work towards accomplishing goals set forth by both the HHS and NIH Quality of Worklife Initiative programs, which include improving employee satisfaction, strengthening workplace learning, and helping employees better manage changes when they occur," said Walter Jones, CC deputy director for management and operations. "The Council will also be charged with further exploring issues that are unique to CC employees."

The diverse Council consists of twelve members representing a cross-section of Clinical Center employees. Plans for the first year include exploring issues of importance to employees through departmental surveys, collaborating with NIH and HHS QWI groups on pertinent programs, and tracking and monitoring implementation of action items.

"We anticipate that the Council will serve as a resource to CC staff by obtaining and sharing information on family- and employee-friendly programs and opportunities," said Jones.



Senatorial visit

Senator Mike DeWine (R-Ohio), a staunch supporter of legislation for pediatric research, recently visited several patients on 11 East. During his visit DeWine also met with several institute physicians to discuss issues relating to children's research at NIH, including asthma, mental health, and cancer. Shown (left to right) are DeWine, Dr. Jack Yanovski, pediatric unit ward chief, and CC patient Nicholas Narlock.

... patients queried about CRC design

(Continued from page one)

were designing the new facility, please give us a building that can change," said Dr. Gallin.

The new facility, according to Margie DeBolt, architect with Zimmer, Gunsul, Frasca Partnership, will include interstitial space between each floor, which will house the mechanical systems. In the current building, the mechanical systems are hard for technicians to reach and often interrupt the flow of work in the area if repairs are needed. "The new design will be a mechanic's dream," she said.

A series of meetings have been conducted to date. They have included patients and representatives from institutes in an effort to assist with the design of the labs as well as the patient-care units. Planners stressed the importance of obtaining input early in the process in order to save time and money. Patients were encouraged to attend patient-care unit standardization meetings, which include discussions concerning the design of the units. "Before we build 250 patient rooms, we would like to get the right design and duplicate it," said DeBolt.

Clinical Center
News

Editor: LaTonya Kittles

Clinical Center News, 6100 Executive Boulevard, Suite 3C01, MSC 7511, Bethesda, MD 20892-7511 (301) 496-2563. Fax: 402-2984. The National Institutes of Health, Bethesda, Maryland. Published monthly for CC employees by the Office of Clinical Center Communications, Colleen Henrichsen, chief. News, article ideas, calendar events, letters, and photographs are welcome. **Deadline** for submissions is the second Monday of each month.





CFC succeeds

The Clinical Center exceeded its \$90,000 goal during the CFC campaign, with total contributions from NIH topping well over \$1.5 million.

During a CFC raffle last month, program planners picked names for keyworker and contributor prizes. Awards for CFC contributors were: First prize, two airline tickets, to Robert Wesley, NCI; and second prize, a 20-inch television, to Paul Russell, NEI.

Keyworker awards were: First prize, two airline tickets, to Cordell White, Jr., NEI; and second prize, a \$100 Montgomery Mall gift certificate, to Joan Kraft, NINDS.

Shown are (left to right) Diedre Andrews, CC; Dennis Askwith, NHLBI; Walter Jones, CC deputy director for management and operations; Randy Schools, R&W; and Karen Ciaschi, R&W.

NIH keyworkers will be recognized for their hard work and contributions during a ceremony in March.

briefs

Weather alert

Although this year's winter has been quite mild, remember that the threat of bad weather isn't over yet. Weather policy, including your emergency employee status, is important to know before a storm hits. For more information on your status—and what you're supposed to do when ice and snow close down the government, speak to your supervisor.

CC board holds first meeting of the year

The CC Board of Governors held its first meeting of 1998 on January 23. Discussions included updates on the strategic plan as well as the new CC budget process, and highlights from the 1997 annual report.

Benefit statements coming this month

Last year, for the first time, the Office of Human Resources Management (OHRM) provided all CC employees with an employee benefits statement. After a favorable

response from employees, the OHRM will once again mail all employees their individual summary of benefits and compensations. Enclosed in your packet this year will be a customer satisfaction survey to share ideas and comments with the OHRM personnel operations section. Look for your statements in the mail soon. If you have any questions or comments, call Sharon Reed at 6-6924.

Training offered

Learn the basic skills needed to deliver a presentation by attending "Getting Up to Speak" on February 25 from 8:30 a.m. to 4:30 p.m. in the first floor conference room at 6100 Executive Blvd. To register or for more information, call the education and training section at 6-1618.

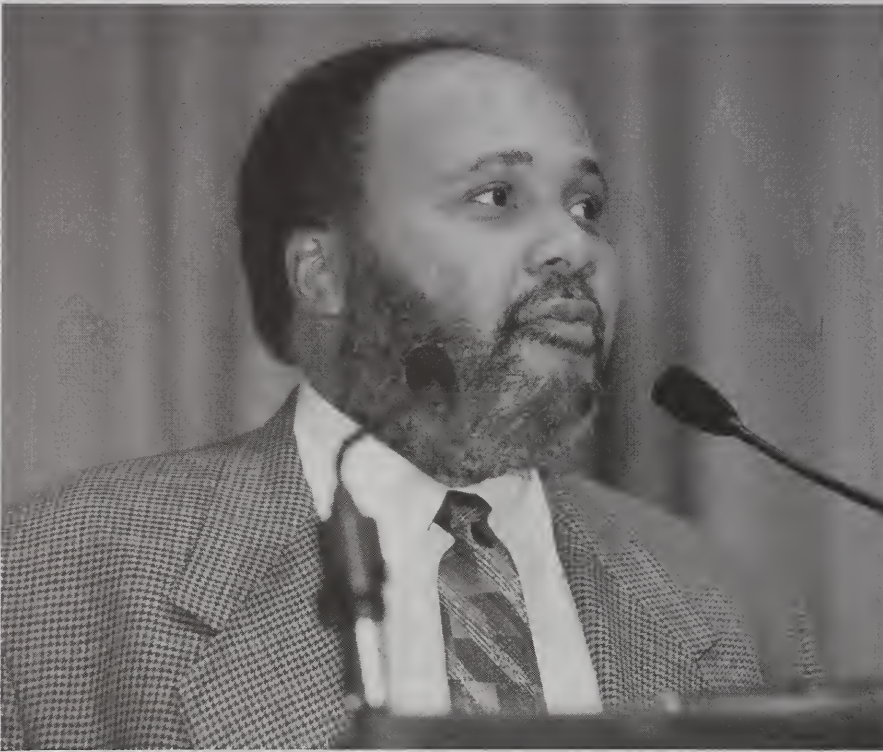
Events to celebrate

In honor of African American History Month, which is February, all NIH cafeterias run by Guest Services will showcase tasty heart-healthy African American dishes from the NHLBI "Stay Young at Heart Program."

Throughout the month, those who buy a featured diet at a cafeteria will receive a special heart-healthy gift. The NHLBI hopes the program will show how easily traditional recipes can be made healthier without losing any of their taste. The showcased recipes have been compiled in a new NHLBI publication, "Heart Healthy Home Cooking, African American Style," available from the R&W for \$2.50.



For the latest news about confidentiality of patient information at the Clinical Center, visit the Confidentiality Education Group (CEG) website at www.cc.nih.gov/cc/ceg.



Martin Luther King, III, was keynote speaker for last month's NIH program honoring the contributions of Martin Luther King, Jr.

Martin Luther King, III, the second oldest of the four children of Dr. Martin Luther King, Jr., and Coretta Scott King, had just one day before become president of the Southern Christian Leadership Conference, co-founded by his father in 1957. And as he discussed his hectic travels during the week preceding his visit to NIH, he said, "If there was any place that I was going to collapse, this [NIH] would be all right."

As King discussed his father's dreams and aspirations for the future, he said that he felt our society has fallen short of expectations set years ago. "His message was so simple, but we still haven't gotten it right. We are the most resourceful nation on this planet, yet we continue to suffer from the most disabling disease of all—that disease of racism. Over three decades ago, Martin Luther King, Jr., depicted racism as America's greatest moral dilemma, and 30 years later, it is still our greatest moral dilemma," said King. "One that has the potential to consume and destroy us, if we continue to legislate, adjudicate, allocate, and educate in a divisive and discriminatory manner."

King said the society that his father preached about having one day, in which his children were judged by

The legacy continues:

Martin Luther King III commemorates his father's life, times, and dreams

There was standing room only. By quarter past the hour, all seats in Masur Auditorium were filled. Latecomers were ushered to the visitor information center or the 14th floor auditorium. Closed circuit coverage was their only solace. And, oddly enough, even though they were not physically present in the auditorium, they could still feel the aura, the inspiration of a room filled with people set to praise not only the memory of a slain leader, but the legacy for which he gave his life.

They had all come on January 16 to participate in a commemorative program observing the life and legacy of Dr. Martin Luther King, Jr.

Music and self-expression marked the ceremony, as youth from Cardozo High School and the Aurora Dance Company communicated with their voices and their movement, paying tribute to Dr. King. With every note and sway of their bodies, their message was clear: The power

of a body of individuals who believe spiritually can overcome all of life's struggles. As the keynote speaker said, "Prayer changes things."



Walter Jones, CC deputy director for management and operations (right), greets King after the January 16 program in Masur Auditorium.



(Far left) The Aurora Dance Company presented a spiritual dance, "Songs of Sorrow and Jubilee," as a special tribute to Dr. Martin Luther King, Jr. Shown are dance group members performing one of three parts of their rendition.

(Left) The Cardozo High School choir sang numerous selections, including gospel songs and Negro spirituals to honor the memory of King.

the content of their character, rather than the color of their skin, has yet to be achieved. "There are those who will have you believe that in 1998, 30 years after the assassination of my father, we now live in a color-blind, gender-blind, age-blind, class-blind and disability-blind society," he said. "Perhaps they are so blind they cannot see the sobering reality around us."

Discriminatory practices by corporations, lending institutions, and workplaces have, according to King, kept that dream from becoming a reality. "We need only look in our nation's boardrooms to see that that day about which my father spoke is not today." He urged participants to assess their own workplaces. "You must evaluate if it is today at NIH; that is your job," he said.

According to King, problems in our society, among all races, are not adequately addressed. "W.E.B. Dubois taught it's easy to make people with problems, problem people," he said. "Once we decide a group of people are problem people, it's easy to dismiss them and their problems."

For example, he said, "It's easy for many to overlook the disproportionately high incidence of death and disease among minorities in our nation. When we decide that a group of people are problem people, then we don't really have to examine the root of the problem."

But King suggested moving beyond that by viewing the needs of a society as a whole. "We have to address the issue of all of God's children who are suffering in America," he said.

In discussing what King calls the "color game," he said that people often link problems to a specific group, rather than making them a societal problem. "When we talk about the problems of affirmative action, we talk about the alleged black student who took the place of the white student, not the discrimination of the white female who has benefited most from affirmative action," he said. "When we talk about the drug problem, we don't discuss the wealthy white businessman doing lines of cocaine before a Wall Street meeting, or the wealthy white female who does lines of cocaine before her tennis match; rather you see the face of a young hip-hop, hat-to-back-worn young black man."

He also cited inconsistencies in the English language, which associate black with things that have bad qualities, as well as the tendency of the media to disproportionately show people of color in a negative light.

"I bring all this to your attention because if we stop perpetuating the things that divide us and start acknowledging the things that link us, then we can move towards

realizing the dream of my father." He added, "Martin Luther King's dream was an American dream, not an African-American dream."

Although he said that we fall short of the dream, he does feel that there is hope, especially at NIH. "For [here at NIH] there appears to be a commitment to advancing the dream of equality and freedom from human illnesses," King noted the importance of the Office of Research on Minority Health and encouraged individuals to not only continue their focus on fighting death and disease among minority populations, but also to increase minority participation in the conduct of research, despite ills that have been done in the past. "We must proceed cautiously and understand that there are some good people who are trying to do good work and we must become a part of that effort," he said.

Encouraging the NIH to increase the number of physicians of color, King stated the importance of their inclusion in the process. "There are brilliant scientific minds out there who happen to be minorities," he said. "Here [at NIH] where you have over 1,200 tenured scientists, and I think eight are African American. I want to encourage you to work on that number," he said. "Not to be and to say something negative, but we must do better, we've got to do better, and mostly, we can do better."

—by LaTonya Kittles

Handwashing: As important today as it was yesterday

Did you know?

- Handwashing is the first line of defense against many diseases, such as the common cold.

- One in four food-borne illnesses result from poor hygiene, generally unwashed, or poorly washed hands.

- The Centers for Disease Control and Prevention calls handwashing the "single most important means of preventing the spread of infection" from bacteria, pathogens, and viruses.

- In general, health-care workers wash their hands only about 50 percent of the times they should.

- If you don't wash your hands, you are more likely to have germs that can be infect yourself and others.

For more than a century, we have known that infectious agents can be spread by the hands. Many items that we touch everyday can carry viral and bacterial organisms left by someone who did not wash their hands. The potential modes of organism transmission include touching the inside doorknob of a public bathroom, putting your mouth to the receiver of a public telephone, preparing raw meats in the kitchen, changing a diaper, grasping the handle of a supermarket cart, or shaking hands with someone who just covered their mouth while sneezing.

Unfortunately, we can't avoid all these objects and activities, but we can wash our hands often and not touch our mouth, eyes, or nose until we have.

In essence, frequent handwashing is a major cornerstone of infection protection and health promotion for all persons.

Handwashing works by removing organisms that are acquired from infected persons or contaminated objects. Individuals should wash their hands when visible contamination or soiling occurs, after using the bathroom, changing a diaper, handling money, blowing your nose, sneezing, or coughing, handling a pet, taking out the garbage, handling any



body fluids, tending persons with known infections, and before and after eating, feeding, or handling food.

For health-care workers, washing hands is an important part of infection control. Hands should be washed both before and after direct patient contact, after contact with

blood or other potentially infectious materials, such as equipment or articles contaminated by blood, and after removal of gloves or other personal protective barrier equipment.

Three elements are essential for good handwashing: soap, running water, and friction.

Craft a slogan and win

Purpose: The CC Hospital Epidemiology Service is looking for a slogan to complement new artwork for a handwashing campaign.

Rules: The slogan must be brief, concise, and capture the importance of handwashing on a regular basis.

How to enter: Suggestions can be sent via interoffice mail to HES, Building 10, Room 4A21, or e-mailed to abooze@pop.cc.nih.gov. The deadline for submission is February 20, 1998.

OR

Visit the "handwashing booth" outside the B1 cafeteria from February 16-20 and drop your suggestion in the box.

Winners will receive a \$15 gift certificate from Blockbuster Video and be highlighted in an upcoming issue of the CC News.

Here are some tips:

- Be certain to use a rubbing action that creates a lather over the entire hand surface.
- Wash all surfaces of the hands and fingers for 10 to 15 seconds, then fully rinse with running water.
- If possible, turn off the faucet with a paper towel.
- Dry hands with disposable or single-use towels or an air-dryer.

Numerous non-antimicrobial and antimicrobial handwashing products are currently on the market. These products can be purchased in numerous forms, including: bar, liquid, premoistened towelettes or wipes, granule, powder, leaflet, or soap-impregnated tissues. Non-antimicrobial soap works by suspending microorganisms, allowing for their mechanical removal. On the other hand, antimicrobial, or antiseptic agents are products with germ-killing activity designed for use on skin.

One of these agents, triclosan, is found in many antibacterial soap products available in many grocery and convenience stores. Another agent, chlorhexidine gluconate, is used in various patient-care areas in the Clinical Center, such as the ICUs.

If you do not have immediate access to a sink, there are other ways to kill germs. Waterless handwashing products are also readily available on the market.

The CC uses a multi-factored approach to help promote handwashing. Staff have access to supplies that are convenient and easy-to-use. Additional supplies are available by calling the Housekeeping and Fabric Care Department at 6-2417.

CC staff also receive training concerning infection-control practices through the Universal Precautions training, as well as other programs. The CC develops educational programs and campaigns designed to communicate the importance of handwashing.

In an effort to change with the times, the current handwashing sign "washing hands prevents infection," which can be found in all CC public restrooms, will be updated. We invite



Staff on the 4 West Unit include (front row, left to right): Lynn Compton, Lenora Jones, Sandra Bowles, Bernie Crago, Tammy Daley, and Gerald Hodges. In back from left are Stefano Marengo, M.D., Tony Santucci, Annie Gilchrist, Jim Hoagland, Juliaphine Campbell, Lisa Misra, Luella Clausnitzer, Ayman Bakey, M.D., Agnes Plante, Lucy Justement, Gail Butterworth, and Ben Kosiorowski.

... NIMH program moves to the CC

(Continued from page one)

orientate them to the unit setting and the various departments in the CC."

The unit received structural and staff changes to accommodate the additional patients and personnel. To date, seven patients have been added to the unit, with more slated to be added in coming months. In addition, more than ten patient-related staff were moved from St. Elizabeth's to the Clinical Center. "This move had an impact on the professional and personal lives of many staff, St. Elizabeth's as well as CC," said Bolle. "It shows the team effort among these groups as they strive for excellence in patient care."

"The relocation is a great example of collaboration among the institutes, as well as the NIH and CC staff," said Dr. David Henderson, CC deputy director for clinical care. "Everyone together did a remarkable job preparing for the transfer."

you to participate in our CC-wide contest to develop a fresh slogan to complement newly designed artwork. The ideal slogan will be short and clear in meaning. All entries must be received between February 9 and 20, 1998. Entries may be submitted outside the B1 cafeteria during the week of February 16, mailed to HES, Bldg. 10, Room 4A21, faxed to

6-0457, or e-mailed to abooze@pop.cc.nih.gov.

The winning entry will become the new CC handwashing slogan. The winner will receive a \$15 gift certificate to Blockbuster Video, and their picture and slogan will be displayed in an upcoming *CC News*.

—by Annette Booze and Barbara Fahey
Hospital Epidemiology Services

14th floor becomes home to patient room mock-ups

Mock-ups of patient rooms in the new Clinical Research Center will be used as a planning tool by the design team and the various NIH planning groups over the next few months. The rooms will take shape to reflect design refinements. Shown is the first step of the project, located in the 14th floor assembly hall.



f e b r u a r y

4

Grand Rounds
noon-1 p.m.
Lipsett Amphitheater

Seeing Beyond the Trees: Trials of Anti-inflammatory Agents in Sepsis, Charles Natanson, M.D., CC, and Steven Banks, Ph.D., CC

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium

Protein Modules in Signal Transduction, Anthony Pawson, Ph.D., University of Toronto, Canada

The NIH Director's Lecture

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Grand Rounds
noon-1:30 p.m.
Lipsett Amphitheater

Osteogenesis Imperfecta: Approaching the Gene Therapy of a Dominant Genetic Disorder, Joan Marini, M.D., NICHD

Defective Cytokine Signaling in X-linked Severe Combined Immunodeficiency Disease, Warren Leonard, M.D., NHLBI

These rounds are part of the CenterNet broadcasts to medical schools and hospitals across the country.

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium

The Discovery of Nitric Oxide as a Biological Mediator: A Ten Year Perspective, Salvador Moncada, M.D., Ph.D., University College, London

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Grand Rounds
noon-1 p.m.
Lipsett Amphitheater

McCune-Albright Syndrome: The Challenge of Treating Estrogen Hypersecretion in Children, Penelope Feuillan, M.D., NICHD

A Constitutive Achlorhydria in Mucopolidosis Type IV, Raphael Schiffman, M.D., NINDS

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium

Animal Models of Neuro-AIDS, Floyd E. Bloom, M.D., The Scripps Research Institute, La Jolla

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Clinical Staff Conference
noon-1 p.m.
Lipsett Amphitheater

Autoimmune Lymphoproliferative Syndrome: An Inherited Disorder of Lymphocyte Apoptosis, Stephen Straus, M.D., NIAID, Moderator

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium

Neural Mechanisms of Human Cognition: Insights from Brain Imaging Studies, Leslie Ungerleider, Ph.D., NIMH

The G. Burroughs Mider Lecture